Centers for Medicare & Medicaid Services (CMS)

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October 2002

HHS MAKES IT EASIER FOR AT-RISK AMERICANS TO RECEIVE FLU AND PNEUMONIA VACCINATIONS

HHS Secretary Tommy G. Thompson announced, October 1, a new policy to promote greater access to flu and pneumonia vaccinations, especially among older Americans and others at high risk for illness.

The new policy allows nursing homes, hospitals and home health agencies that serve Medicare and Medicaid beneficiaries to remind patients when it is time for an annual vaccination and ask if they want to receive a shot. Such "standing orders" can make sure that many high-risk Americans are informed about

the benefits of these annual vaccinations and given an opportunity to receive them

"Standing orders can make these annual vaccinations a routine part of patients' health which is especially important for the elderly and other high-risk groups," Secretary Thompson said. "This change makes it simpler and faster for health care providers to offer flu shots to their patients." The improvement is included in the new Medicare regulations that modify

OFMQ To Help Generate Awareness of New Immunization Standards

To help generate awareness, the Oklahoma Foundation for Medical Quality is working with CMS through January 30, 2003, to promote this regulation change to health care audiences nationally. Activities will include press releases and articles to state health departments, state legislators, national organizations serving hospitals, long-term care and home health settings. A 10-minute training video/CD-ROM on standing orders implementation also is in development and will be available by the end of December.

If you have any questions, contact Jennifer O'Hagan at 405-840-2891. Pneumococcal vaccine may be administered at the same time as influenza vaccine (by separate injection in the other arm). the conditions of participation for hospitals, long-term care facilities and home health agencies that serve Medicare and Medicaid beneficiaries. Previously, those rules required a physician's order for all treatments, including immunizations, in these care settings – although regulations allowed the vaccinations to be given without a physician's order in other settings, such as a clinic or a doctor's office.

Standing orders are permanent entries placed in medical charts directing that the patient be told when it is time to get a flu or pneumonia shot and asked if he or she wants the vaccination. If the patient chooses to be immunized, a shot can be administered on the spot by appropriate health care professionals without the need for a doctor to write a new order each year.

Research sponsored by HHS' CMS has shown standing orders to be effective approach to increase immunization rates, but the previous requirement interfered with efforts to use them by hospitals and other health care providers.

As a result, in 2000 CMS and CDC launched a demonstration project in eight states and the District of Columbia to test the effectiveness of standing orders at increasing vaccination rates in nursing homes. Preliminary data indicates that standing orders are a highly effective system to ensure resident vaccination. Final results are expected this year.

The lifting of restrictions on standing orders is expected to increase the use of vaccination and reduce disease and death from influenza and penumococcal diseases.

For more information, go to CMS website http://www.cms.gov/providerupdate/regsum.asp#3160FC

CMS NAMED TO ENFORCE HIPAA TRANSACTION AND CODE SET STANDARDS

HHS Secretary Tommy G. Thompson announced, October 15, that the CMS will be responsible for enforcing the transaction and code set standards that are part of the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

No, you can't get the flu from the vaccine, which is made from dead influenza virus.

Lots of cold viruses lurk in the fall, which people sometimes mistakenly think are the flu.

"HIPAA administrative simplification is going to streamline and standardize the electronic filing and processing of health insurance claims, save money and provide better service for providers, insurers and patients," Thompson said.

"To accomplish this will require an enforcement operation that will assure compliance and provide support for those who file and process health care claims and other transactions," Thompson said. "CMS is the agency best able to do this."

CMS will continue to enforce the insurance portability requirements of HIPAA. The HHS Office for Civil Rights (OCR) will enforce the HIPAA privacy standards. CMS and OCR will work together on outreach and enforcement and on issues that touch on the responsibilities of both organizations – such as the application of security standards or exception determinations.

Ruben J. King-Shaw Jr., CMS deputy administrator and chief operating officer, said CMS will create a new office to bring together its responsibilities under HIPAA, including enforcement.

"Concentrating these CMS responsibilities in a new office with a single mission will give us the most efficient operation possible, while providing strong support for all our partners in the health care community," King-Shaw said.

The new CMS office will establish and operate enforcement processes and develop regulations related to the HIPAA standards for which CMS is responsible. These standards include transactions and code sets, security, and identifiers for providers, insurers and employers for use in electronic transactions. The office will report directly to the deputy administrator.

The office also will conduct outreach activities to HIPAA covered entities such as health care providers and insurers to make sure they are aware of the requirements and to help them comply.

Federal law requires most health plans, clearinghouses, and those providers that conduct certain transactions electronically to be compliant with the HIPAA transactions standards by October 16, 2002, unless they filed for a one-year extension by October 15. Those who are not compliant and did not file for the extension may be subject to statutory penalties.

The pneumococcal vaccine is generally an once-in-a-lifetime after age 65 vaccination that can be given at any time during the year.

Enforcement activities will focus on obtaining voluntary compliance thorugh technical assistance. The process will be primarily compliant driven and will consist of progressive steps that will provide opportunities to demonstrate compliance or submit a corrective action plan.

A fact sheet summarizing the administrative simplification standards required by HIPAA is available at www.hhs.gov/news/press/2002pres/hipaa.html. More detailed information about the standards is available at www.cms.hhs.gov/hipaa.

FLU PROMOTIONS TO RUN ON NEW ENGLAND PUBLIC TRANSPORT SYSTEMS

by Monica Henderson, Peter MacKenzie, and Craig Schneider

CMS Boston Regional Office is running advertisements on subway and bus systems in Connecticut, Massachusetts, and Vermont from mid-October to mid-November to promote the Agency's "Get a flu shot. Not the flu." message.

Upon receiving the flu and mammography outreach funding from Central Office, a workgroup of beneficiary services, outreach, and quality improvement organization oversight staff was formed to determine how to spend the funds most effectively. It was suggested to consider bus ads and ads on the Massachusetts Bay Transportation system ("the T") subway trains.

CMS was very pleased to learn that the T would provide space on half of its subway trains for one month for only \$4,000. The daily ridership on these trains is about 400,000 in greater Boston, which means that CMS would get the flu and mammography message out for only two cents a person on the first day alone.

After hearing about the T flu and mammography ads, partners in other Region I states were eager to have flu ads run in their communities. The RO is continuing to use the T subway trains, but since receiving an additional \$5,000 for flu outreach, they are also able to pay for interior bus flu ads in several Connecticut communities. In addition, they have arranged for exterior ads on buses that serve the Burlington, Vermont area.

The CMS National Pneumonia Project has developed a brief Flu Season FAQ for Physicians. See www.nationalpneumonia.org/2002fluseason/Phys_Flu_FAQ101502.pdf

The bus companies in Maine, New Hampshire and Rhode Island would not accept the government credit card. Instead, the RO will provide extra ad cards to partners in those states, including an area agency on aging that wants to display the ads on its senior transportation vans in the Augusta, Maine area.

The GPO is issuing bids for the production of 600 interior and five exterior ads. The graphic used has 5 seniors wearing the colorful "Get the Flu Shot. Not the Flu." T-shirts. The text of the ad informs beneficiaries that Medicare Part B covers flu shots, and Oct and Nov are the best times to get a shot, but Dec, Jan, or Feb is not too late. The T ads include a Web address to get a list of flu clinics in Massachusetts. The ad is in English and Spanish.

PUERTORICAN COALITION FOR ADULT IMMUNIZATION

By Nilsa P. Rodriguez, R.N., M.S.N

The Puertorican Coalition for Adult Immunization organized February 12, 2002, with the initiative of the Puerto Rico Health Commissioner, the Hon. Johnny Rullah. Active members are: CMS, Puerto Rico Hospital Association, Puerto Rico Dept. of Health, Puerto Rico QIO, and Consejo Renal of Puerto Rico. The vision of the Coalition is to improve the adult immunization rate in Puerto Rico on a special target population: people 65> and high-risk patients (diabetic, renal etc.). The Coalition decided to work as a non-profit corporation. They started to build up the Coalition as per other states experiences. On 16 May 2002 the Coalition was incorporated as the Puertorican Coalition for Adult Immunization Inc. at the Puerto Rico State Department. The By Laws & Regulations are currently being completed.

Because immunizations is one of the most accepted and costeffective health care practices in the U.S. today, this Coalition is committed to working on behalf of this population doing the awareness part on using vaccines that prevent illness, as the first choice to promote health. The first activity took place during the Immunization Awareness week. October 13-19, 2002.



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We're on the Web!

See us at:

www.cms.hhs.gov/pre ventiveservices/2.asp

RO II DECIDES TO CONCENTRATE ITS EFFORT IN THE STATE OF JERSEY

For the 2002 Flu Campaign, the New York Regional Office is concentrating its effort in the State of New Jersey. Upon careful evaluation, it was found that New Jersey ranked 44 in state immunization rates for the nation. The population of New Jersey is comprised of Medicare beneficiaries that are being affected by this low rate. There are several counties in the state with large Medicare populations that were identified as "Counties for Improvement." Therefore the RO is running ads in several newspapers to target those specific areas.

These ads reach not only Medicare beneficiaries but caregivers as well. Counties that the papers serve are Atlantic, Bergen, Camden, Monmouth, Middlesex, Ocean and Hudson. In utilizing newspapers to spread the flu shot message, no one group of people will be excluded.

Not only will this information be available to the minority population, but also to the general public. In addition, the ad is in English and Spanish and will target the large Hispanic population in the counties that have been identified as having low utilization of this benefit. The RO's goal is to utilize its resources to improve immunization rates in the State of New Jersey.

CMS REGIONAL IMMUNIZATION COORDINATORS

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Philadelphia: Pat Lowry, 215-861-4295, Fax: 215-861-4176.

Atlanta: Brenda Coursar, 404-562-7223, Fax: 404-562-7255.

Chicago: Natosha Thompson, 312-353-1448, Fax: 312-886-

5705.

Dallas: Linda Horsch, 214-767-4467, Fax: 214-767-0323.

For maximum safety and effectiveness, adolescent/adult vaccine doses should follow the ACIP Summary of Adolescent/ Adult Immunization Recommendations. See new summary sheet prepared by the CDC at www.cdc.gov/nip/recs/

adult-schedule.pdf

Kansas City: <u>Natalie Myers</u>, 816-426-6317, x3440, Fax: 816-426-3760. <u>Joni Jones</u>, 816-426-6317, x3417 Fax: 816-426-3760.

Denver: Gloria Baca, 303-844-6217, Fax: 303-844-3753; Mary Munoz, 303-844-5737, Fax: 303-844-3753.

San Francisco: <u>Shirley Bordelon</u>, 415-744-3613, Fax: 415-744-3771.

Seattle: Margaret Medley, 206-615-2355, Fax: 206-615-2363.

NEW CDC FLU MATERIALS

The CDC updated its gallery of patient-education materials for the 2002-03 season. If you have materials from past seasons, please do not use them, as the messages will not reflect the current ACIP recommendation. Additional materials will be posted to this site as the season progresses as well as Spanish versions of each item. Go to http://www.cdc.gov/nip/Flu/Galley.htm.

2002-03 CMS FLU Q&As

The new "2002-03 Immunizers' Question & Answer Guide to Medicare Coverage of Influenza and Penumococcal Vaccinations" is now posted to the CMS website at http://www.cms.hhs.gov/preventiveservices/2.asp#1. The 39-page document, known as the "Flu Q&As," includes information on the Medicare vaccination benefit, ACIP immunization guidelines, CMS coverage and payment policies, mass immunization, centralized billing, and managed care. It also contains a list of terms and definitions.